DEPARTMENT OF HEALTH AND HUMAN SERVICES HEALTH CARE FINANCING ADMINISTRATION		FORM APPROVED OMB NO. 0938-0193		
	1. TRANSMITTAL NUMBER:	2. STATE:		
TRANSMITTAL AND NOTICE OF APPROVAL OF	0 1 - 0 1 2	IOWA		
STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)			
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION	4. PROPOSED EFFECTIVE DATE			
DEPARTMENT OF HEALTH AND HUMAN SERVICES	January 1, 2001			
5. TYPE OF PLAN MATERIAL (Check One):				
☐ NEW STATE PLAN ☐ AMENDMENT TO BE CON	ISIDERED AS NEW PLAN	MENDMENT		
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMEN	DMENT (Separate Transmittal for each an	nendment)		
6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT: a. FFY 01 \$			
Section 1931 of the Act	a. FFY 01 \$ b. FFY 02 \$			
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	PAGE NUMBER OF THE SUPERS OR ATTACHMENT (If Applicable):	EDED PLAN SECTION		
Addendum to Supplement 14 to Attachment 2.6-A (page 1)	Addendum to Supplem Attachment 2.6-A			
Treatment of funds deposited in or earned on I. 11. GOVERNOR'S REVIEW (Check One): GOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED	OTHER, AS SPECIFIED:			
NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL				
12. SIGNATURE OF STATE AGENCY OFFICIAL:	6. RETURN TO: Director			
13. TYPED NAME: Jessie K. Rasmussen	Director Department of Human Services Hoover State Office Building			
14. TITLE: Director	Des Moines, IA 50319-0114			
15. DATE SUBMITTED: 3-(7-a) March 23, 2001				
FOR REGIONAL OFF				
17. DATE RECEIVED: 03/28/01 PLAN APPROVED - ON	NAY 15 2001			
	20. SIGNATURE OF REGIONAL OFFICIA	Kon —		
21. TYPED NAME: Thomas W. Lenz	2. TITLE:	O		
PATEMARKS	ARA TOT MEDICAL	id & State Operatio		
	SPA CONTROL	jenetaniciasu (B. 1911)		
	Date:Shom) Fixed 03/23/01 Date:Nace Van 18/23/01	•		
	Company of the party of the par			

Revision: HCFA-PM-00-1

HCFA-PM-00-1 February 2000

SUPPLEMENT 14 TO ATTACHMENT 2.6-A ADDENDUM

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

	STATE PLAN UN	DER TITLE XIX	OF THE SOCIA	AL SECURIT I	ACI
	State:		Iowa		
	ELIGIBI	LITY UNDER SE	ECTION 1931 OF	THE ACT	-
The St	ate covers low-income t	amilies and child	ren under section	1931 of the Act	
X	The agency uses less reffect as of July 16, 19		and/or resource n	nethodologies th	an those in
	All wages paid to 2000 activities a	by the Census Bur re excluded.	eau for temporar	y employment r	elated to Census
		ountable income dendence Act is ex			ed under the
	All interest earn Act is excluded	ed on an IDA acc from income.	ount funded unde	er the Assets for	Independence
	All funds in ID/ excluded from r	A accounts funded esources.	l under the Assets	s for Independen	ce Act are
		ountable income d			ed under section
	The income and/or resare as follows:	ource methodolog	gies that the less r	restrictive metho	odologies replace

TN No. Supersedes	MS-01-12	Approval Date	MAY 15 2001 Effective Date	「JAN 0 1 2001
TN No.	MS-00-5			